

HEALTH VISION

TURNING IDEAS INTO REALITY

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Strategic Planning Sessions Set Stage For Health Reform Process

Summary of Strategic Planning Sessions
June 18 - 26, 1992

An important step towards health reform was made this past month as Alberta Health, in cooperation with the major provincial health care associations, held a series of sessions throughout the province to outline the direction of health reform for Alberta.

The emphasis in the sessions was on the need for health reform, irrespective of the fiscal circumstances. Health in Alberta, as in other jurisdictions, has developed in a segmented, service-oriented manner that can result in inappropriate duplication, gaps in services, and other inefficiencies. As suggested in the *Rainbow Report* and *Partners in Health*, the goal of reform is to have

the health system in Alberta focus more on the needs of the public, who are becoming more informed and responsible for their own health. This will enable health consumers, in collaboration with the appropriate level of health providers, to have input into decisions at the local level.

To achieve the goal of health reform, Alberta is setting up networks around the province which will ensure health care providers, institutions and organizations plan health service delivery on a multi-sector basis. The province will provide fiscal targets to the networks and in turn will receive from them a plan on how to best use those resources.

Representatives from each health sector attended the June sessions: health units, acute care hospitals, long term care facilities, mental health, and physicians and nurses appointed through either the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, or the Alberta Association of Registered Nurses. The representatives from health units and the acute and long term care facilities were from the board and senior executive level.

The mental health sector was represented by Alberta Health staff and private providers.

All of the associations involved in planning the role statement process sent board and/or senior staff representatives. These associations included: Alberta Healthcare Association, Health Unit Association of

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HEALTH VISION

Health Vision is a newsletter developed to inform you about the progress of the Role Statement Process and health reform within Alberta.

**A ROLE STATEMENT
is a description of
what an organization
is funded for, what it
is expected to do,
and what it will be
held accountable for.**

Alberta
HEALTH

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Predominant Issues Raised At The Strategic Planning Sessions

Peace River Meeting • June 18, 1992

Chairperson: Cecilie Lord
Assistant Deputy Minister, Policy and Planning
Attendance: 152

There was a feeling of general optimism at this meeting. Several

discussion groups expressed a desire to get the process started, and in fact, several proposals for actual networks were suggested. Other major issues that emerged from group discussions were as follows:

- October municipal elections are seen as a major obstacle to the process.
- Gaps in service need to be addressed.

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SUMMARY, cont'd

Alberta, Alberta Long Term Care Association, Alberta Medical Association, College of Physicians and Surgeons of Alberta, Alberta Association of Registered Nurses, and the Canadian Mental Health Association.

All the sessions had identical formats. Each morning, Alberta Health representatives outlined the need for health reform in Alberta. The vision and mission for health were reviewed, followed by the fiscal circumstances. One of the major initiatives to result in fundamental change to the health system was discussed in considerable detail: the role statement process and formation of local area networks to plan and/or manage health care for distinct areas.

Small group discussions in the afternoon focused on some preliminary ideas for partnership formation, how networks could be formed, and what assistance could be provided by Alberta Health.

The sessions also set the stage for the next two steps: the development of interim planning networks to guide this process in the local areas (to be discussed at the upcoming organizational meetings this fall involving a smaller number of participants), and the formation of steering committees to oversee the process locally.

The level of interest for these sessions was high as approximately 1400 attended. The seven locations were chosen for geographical reasons to help accommodate the maximum number of participants.


In response to requests for information from those not involved in these initial meetings, additional information sessions were held over the past month to widen the scope of participants.

Sessions were held for provincial and federal government departments, other health professionals, unions, voluntary agencies, and municipal associations. Attendance

totalled approximately 170 for the two sessions.

Another important aspect of the reform process raised repeatedly is the need for greater involvement of the public, both in identification of needs and in planning and managing the direction of the change. If reform is to be successful, public expectations of desired health outcomes must be incorporated into the process.

A second series of meetings (organizational meetings) is planned for the fall in the same locations. On this occasion a smaller number of participants will discuss network formation in the areas. It is not intended that membership on steering committees will be addressed in these meetings.

While there has been general support for health system reform as a logical response to pressures within the system, issues have been raised at all of the planning sessions. 

PEACE RIVER, cont'd

- Will the Acute Care Funding Plan still be in effect?
- Patients cannot be moved out of facilities until community support is available.
- Transportation issues in the region need to be addressed.
- Other provincial and federal government departments need to be involved, e.g. Education, Family and Social Services, and Native

Affairs.

- In addition to board representation, there is a need for administrative expertise at the organizational meetings.
- Alberta Health needs to break down barriers within the department.
- Legislative changes must be made to allow for more flexibility in funding and program delivery.
- Begin with recognition of existing

partnerships that offer a continuum of care.

- The issue of recruitment and retention of health professionals needs to be addressed.
- Network steering committee will need human and financial resources.
- Use Single Point of Entry as a model for restructuring.
- Specialized services should be shared among networks.

Edmonton Meeting • June 19, 1992

Chairperson: Don Philippon

Associate Deputy Minister

Attendance: 312

This session was the most highly attended. Attendance at an alternate meeting was suggested to many late registrants. There was agreement on the need for reform in the health system by many groups at this meeting. Therefore much of the discussion was focused on the proposed networks and steering committees. There was a sense of eagerness to get the process started. Major issues that emerged from group discussions were as follows:

- A comprehensive plan to change public expectations is necessary.
- Concern regarding the effect of the fall municipal elections.
- Representation and selection of the steering committee(s).

- A request for clarity of the role of existing boards.
- An explanation was requested of how this new structure would save money.
- Alberta Health should lead the process by breaking down barriers within the department and forming partnerships with other departments.
- A suggestion to use Single Point of Entry as a model on which to base restructuring.
- Any dollars saved should be kept within the network to avoid penalties for efficiency and effectiveness.
- Co-terminous boundaries for all programs affected.
- A greater emphasis on health promotion and less on sickness care is required.
- Management/administrative expertise is required at the organ-

izational meetings and eventual steering committees.

- Concern was expressed about how the chairperson and public-at-large representatives will be selected.
- Non-hospital, voluntary organizations need to be involved in the early stages of the process.
- Union involvement is needed.
- Reassurance of greater public and mental health representation on the Steering Committees was requested.
- Departments of Education and Family and Social Services must be involved.
- Alberta Health should lead the process by forming partnerships with other government departments.
- Partnerships must occur among networks to accommodate tertiary and quaternary level programs.

St. Paul Meeting • June 22, 1992

Chairperson: Dick Alvarez
Assistant Deputy Minister,
Information Technology Division
Attendance: 175

Some concerns were raised about the need to change the health system, as well as the chosen process for reform. Major issues that emerged from group discussions were as follows:

- There is a necessity for the consumers of health services to be informed/educated of the changes to the system.
- As well, a forum is needed to address their expectations of the current, as well as the future system.
- What role will pharmacists and other non-physician health profes-

sions have in the process?

- How can they become involved?
- The municipal and provincial elections will have an impact on the process.
- There is a desire for a flexible, non-centralized model for the Steering Committee structure - not a super-board.
- Co-terminous boundaries for services are imperative.
- Unions must be involved as partners.
- More emphasis should be placed on health promotion.
- Management expertise is necessary on the Steering Committees.
- Community health expertise must be assured equal representation on

the Steering Committee.

- Must have involvement with other government departments and agencies, (e.g. AADAC, FCSS, Education).
- A greater understanding of the determinants of health is required.
- Health needs require identification at a local, regional and provincial level.
- Alberta Health needs to show leadership by breaking down barriers within the department.
- Networks and areas need resources, both human and fiscal.
- Cooperation between networks, especially involving provincial programs, is essential.

Medicine Hat Meeting • June 23, 1992

Chairperson: Bernie Doyle
Assistant Deputy Minister,
Mental Health Division
Attendance: 108

There was general support of the need for change and the process, although some concern was expressed regarding the timelines and the government's willingness to incorporate grassroots ideas. Other major issues that emerged from group discussions were as follows:

- Some anxiety was expressed over the potential loss of local resources from the area.
- Flexibility in funding among and between sectors is crucial.

- Continued leadership by the Minister is essential.
- There is a need to address the lack of certain health professionals in the area.
- Develop legislation to break down barriers between the professions and sectors.
- Need political commitment/resolve for the process, both locally and provincially.
- Use Single Point of Entry as a model
- Should have one local board for all health services in the area.
- The role of existing boards needs to be clarified.

- Concern over what effect the fall municipal elections will have on the process.
- Questions regarding arrangements with Saskatchewan for provision of health services to residents of that province (10-15% of primary care in Medicine Hat).
- Work needs to be done to address expectations of the public.
- How will this change save money?
- Concerns from physicians regarding the impact on primary care providers.
- An administrative presence is required on the proposed steering committees.



- Representation among public health and acute care hospitals on the steering committees needs to

- be balanced.
- Timeframe is too tight.
- Alberta Health needs to develop

- partnerships with other government departments.
- Steering committees need funding.

Lethbridge Meeting • June 24, 1992

Chairperson: Steve Petz
Assistant Deputy Minister,
Public Health Division

Attendance: 176

The participants at the Lethbridge meeting expressed an appreciation of the collaborative approach taken to resolving concerns in the health system. Other major issues that emerged from group discussions were as follows:

- Time frame too short for such a major change.
- Alberta Health must break down barriers to partnerships within the department.
- Municipal elections in the fall are a major impediment to the process.
- Changing public expectations regarding the health system must

- be a priority.
- Should consider utilizing Single Point of Entry as a model.
- Improve and standardize ambulance services throughout the region/province.
- The recognition of voluntary organizations is important.
- All networks need relationships with Edmonton and Calgary for specialized services not available in their area.
- Participants want assurance of flexibility in the process.
- Representation at the organizational meeting is too heavily weighted toward hospitals.
- Administrative and management expertise is needed at the organizational meetings and on the

- steering committees.
- For partnerships to be effective, partners must be equal.
- Partnerships are needed with other government departments.
- A comprehensive plan for health services should be developed to eliminate competition and duplication.
- Expand the role and scope of home care and have it administered from the most appropriate sector.
- Allow for flexibility in transfer of funds between sectors.
- Consolidate boards for comprehensive, continuous services (for example, hospitals, long-term care facilities, lodges and health units).
- Steering committees need native representation.

Calgary Meeting • June 25, 1992

Chairperson: Don Philippon
Associate Deputy Minister
Attendance: 192

At this meeting, there was general support for the need for change in the health system. Many participants believed more time was needed, and other health and social service organizations should be involved. Major issues that emerged from group discussions were as follows:

- More public health, consumer and voluntary representation at the organizational meetings.
- The need to ensure community-based services are ready before institutional-based services are reduced.
- Legislative changes are required to decrease fragmentation in the health system.
- Universities and colleges should be

- involved in the process.
- Federal/provincial partnerships are required for native health issues.
- Allow the necessary flexibility to transfer funds between sectors.
- Any fiscal savings within the network must be retained by the network.
- Steering committees need administrative support. Many opportunities

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CALGARY, cont'd

- currently exist to share services between facilities. Build upon them.
- Additional funding is needed for health promotion and injury/accident prevention.
- Alberta Health should have a corresponding restructuring, with reduction in staff.
- Human resource planning is

- necessary, especially to prepare providers for the shift from institutional, inpatient care to care within the community.
- Partnerships can be developed between rural and urban programs to share speciality/general services.
- Incorporate the voluntary organizations into the health system.
- Health system should be consumer

- and not provider-driven.
- A public awareness campaign is crucial to the acceptance of the changes needed in the health system.
- Programs must share co-terminous boundaries.
- Transportation linkages between Calgary and the rural areas must be improved.

Red Deer Meeting • June 26, 1992

Chairperson: David Kelly
Assistant Deputy Minister, Alberta Health Care Insurance Division
Attendance: 194

At this meeting, some delegates expressed a degree of skepticism regarding how this change would improve either the health of Albertans or the fiscal situation. However, the need for reform of the health system seemed to be shared by a majority of delegates.

There were many questions about the process, as well as the achievement of the desired outcomes. Major issues that emerged from group discussions were as follows:

- To expand the number of provider groups involved and to involve other government departments in the process.
- Boundaries for health services be co-terminous with municipal district boundaries.
- Flexibility in the process is essential.
- Networks must have linkages for

- provincial and regional services.
- Fall municipal elections will hinder the process.
- In addition to board representation, administrative presence is required at the organizational meetings.
- Timelines are too short.
- Can money be saved by this process of regionalization?
- Alberta Health must break down barriers within the department to accommodate these changes.
- It is unfair for the government to ask us to be accountable when this government has not always been accountable with the taxpayer's money.
- Changes need to focus on consumers, not providers.
- A public awareness campaign is necessary to assist with changing public expectations of the health system.
- Transportation within the region, and to other areas of the province, remains a problem.
- Involve the federal government in

- native health issues.
- Consumer involvement is needed.
- Expand the Single Point of Entry concept as a framework to start the process.
- Legislative changes are required to support paradigm shifts.
- Planning councils should include all health, community, education and service agencies.

HEALTH VISION

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For more information, please contact

Patrick Moffat
 Editor, Health Vision
 Alberta Health
 Communications Branch
 18th Floor, 10025 Jasper Avenue
 Edmonton, Alberta T5J 2N3

Telephone 427-7164
 Facsimile 427-1577

Notes From the Minister

I have now had an opportunity to review the input received by Department of Health staff and several of my colleagues from the Legislative Assembly who attended the strategic planning sessions held around the province.

The response from participants of the Strategic Planning Sessions has, thus far, been quite encouraging. They have appreciated the frankness of our message, and our receptivity to modifying the process if necessary. There is general support for health system reform, as a logical response to the pressures facing the health system and it is clear that many participants are committed to the process.

A variety of issues were raised during the Strategic Planning Sessions held around the province and I would like to take this opportunity to provide some comments.

ISSUES

The network Steering Committees are viewed by some as being "super-boards", resulting in a significant reduction in the authority of existing boards.

As I have said on many occa-



▲ Health Minister Nancy Betkowski

sions, and as the Department of Health staff reiterated in the strategic planning sessions, there will be flexibility with respect to the model chosen. It is up to the local area networks, comprised of existing boards, whether or not a request for change in governance comes to me as Minister of Health.

I have no concern with the possibility of several models of network planning around the province. My only imperative is that models are proposed, that future groupings of services be truly multi-sector in focus, and that they match the objectives of our fiscal plan.

Why do we need area planning networks and how will they save money?

Our resolve as a Government

over the last few years to reduce facility deficits and restructure funding models to reward efficiency has meant that tremendous pressure has been placed on the health system. This has been done in order to preserve financial integrity in our health sector. Those organizations which were carrying a deficit were told to get rid of it within an operating budget plan. Contract, volume and costs arrangements were not fully funded by Government. This was in an effort to build a funding model based on accountability, not solely driven by volume.

With the work of many in the health sector, we have made considerable progress in devising fair and accountable funding mechanisms. However, in Alberta and across Canada we are at the point where fundamental restructuring and reallocation must take place. Simply squeezing the existing system is not the answer.

Over the next few years, if all existing facilities are simply asked to operate within 92/93 budgets, we may well save taxpayers' dollars, but we might also reduce the quality of services we provide. That is simply unacceptable to Albertans, who we all serve. Fundamental reform must

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take place.

I recognize that whatever system we end up with after restructuring, must be adequately funded. In fact, I believe effective restructuring will allow reallocation to sustain the health system into the future.

Reform of the health system

“Reform will allow us to expand activities which impact on the health status of Albertans.”

should be seen as an opportunity to be even more responsive in terms of access and quality. We can avoid much duplication of effort and cost present in the existing system. Reform will allow us to expand activities which truly impact on the health status of Albertans.

Many of you have raised the question of whether the structure of the Department of Health reflects or perpetuates the solitudes in the health system.

I believe that is a very legitimate question. I assure you that there is a process in place to consider better ways to organize the Department of Health to reflect the new realities of the 1990's. Your comments will be

helpful in this process.

Many participants in the workshops expressed concern about the July and August organizational meetings, if for no other reason than that we all want to enjoy as much of the beautiful Alberta summer as we can.

I am rescheduling the July/August organizational meetings to September and October.

The locations and new dates for organizational meetings are as follows:


LOCATION	DATE
Red Deer	September 25
Peace River	September 28
Medicine Hat	September 29
Lethbridge	September 30
St. Paul	September 30
Calgary	October 2
Edmonton	October 6

Participants have rightly pointed out that determining membership on the steering networks might more appropriately be concluded following the municipal elections, rather than before.

I have agreed with that adjustment in an effort to ensure our process is as responsive as possible to local needs. We will have the steering committees in place shortly

after the municipal elections, so I expect work towards that goal to continue through the summer and early fall. I want to stress that in no way do these timing adjustments reflect a compromise of the resolve of Government to ensure our five year fiscal plan is followed.

“Health reform must be fundamental if it is going to be successful.”

Health reform must be fundamental if it is going to be successful. We need fiscal resolve. We need discipline. We need to ensure we spend the dollars more wisely than we do now. Without major health reform, we won't be able to keep our fiscal resolve, or fulfil our collective responsibility to all Albertans. I don't believe that is a legacy any of us want in public life. With you, I am committed to ensure our actions have value and will lead to a healthy and sustainable future. 

Sincerely,

